Birthdate: _____Building: _____ Student name: ___ School district: **Progress notes/ weekly summary to include**: general observation of the child's condition; child's activity and participation in treatment; activities of staff; future plans for working with the child. Attach additional progress monitoring data as appropriate. Week 1- date: Week 2 – date: Signature/ title of person completing summary: Signature/ title of person completing summary: Week 4- date: Week 3 – date: Signature/ title of person completing summary: Signature/ title of person completing summary: I attest that the documented services/ interventions provided by the LEA staff members are consistent with this student's Behavior Intervention Plan (BIP) or specific goal(s) as described in the student's IEP. This does not imply my supervision of the LEA staff members, nor have I necessarily observed these services. My signature verifies that documented services/interventions on this form are aligned with the student's BIP or IEP. Mental health professional's signature/ title: Date: (2-16-05)

LEA Medicaid Billing – Weekly Progress Notes – Behavior Services